Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	157474	A. BUILDING _____ B. WING _____	05/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE HOME HEALTHCARE INC	1036 S RANGELINE RD CARMEL, IN 46032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This visit was for a state home health complaint investigation. Complaints: IN00107008 - Unsubstantiated: Lack of sufficient evidence. Survey Date: May 14, 2012 Facility #: 009554 Medicaid #: 200107010 Surveyors: Linda Dubak, R.N. Public Health Nurse Surveyor Nightingale Home Healthcare, Inc. was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 (4)(A)(B), Rule 13 Section 1(a), and Rule 14 Section 1 as related to this complaint. Quality Review: Joyce Elder, MSN, BSN, RN May 18, 2012	N 000		